

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890072 FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1											
1							51					
2							52					
3							53					
4							54					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TAL	4						TOTAL IND.					
TAL	4						TOTAL DEP.					
AL							TOTAL CLAIMS					
IMS	9											